

**STATE OF COLORADO**  
**Delta Preferred Option Plan\*\*\*BASIC PLUS\*\*\***  
**Group #006785**

**EFFECTIVE JANUARY 1, 2004**

**MAXIMUM:**

Per enrolled family member calendar year: \$1,200.00  
 Orthodontic Lifetime Max: \$1,000.00

**DEDUCTIBLE:**

\$50.00 per person calendar year; \$150.00 per family. The deductible is waived for Diagnostic, Preventive and Orthodontia.

**PREVENTIVE AND DIAGNOSTIC SERVICES**

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| <ul style="list-style-type: none"> <li>• <b>DPO: 100%</b></li> <li>• <b>NON-DPO: 100%</b> (of maximum allowable fee)</li> </ul> | <b>Oral Exam:</b> 2 in a calendar year<br><b>Bitewing X-rays:</b> 2 sets in a calendar year<br><b>Full Mouth X-rays:</b> 1 in 36 months<br><b>Routine Cleaning:</b> 2 in a calendar year<br><b>Fluoride Treatments:</b> 2 in a calendar year, under age 15<br><b>Space Maintainers:</b> under age 19<br><b>Sealants:</b> under age 15 on unrestored, noncarious permanent molars, but not more than once in any 36 month period<br>Emergency treatment for relief of pain |
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**BASIC SERVICES**

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| <ul style="list-style-type: none"> <li>• <b>DPO: 80%</b></li> <li>• <b>NON-DPO: 80%</b> (of maximum allowable fee)</li> </ul> | <b>Restorative:</b> Amalgam Fillings<br>Resin, Composite Fillings (anterior teeth only)<br><b>Oral Surgery:</b> Simple Extractions, Surgical Extractions (including wisdom teeth), General Anesthesia<br><b>Periodontics:</b> Periodontal Cleanings (subject to special need), Periodontal Surgery (including gingivectomy), Scaling and Root Planing, Gingival Curettage<br><b>Endodontics:</b> Root Canal Therapy |
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**MAJOR SERVICES**

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| <ul style="list-style-type: none"> <li>• <b>DPO: 50%</b></li> <li>• <b>NON-DPO: 50%</b> (of maximum allowable fee)</li> </ul> | <b>Major Restorative:</b> Crowns, Inlays, and Onlays - when teeth cannot be restored with regular fillings<br><b>Prosthodontics:</b> Dentures, Partials, Fixed Bridges and Crowns (when part of the bridge)<br><b>Prosthodontics Maintenance:</b> Bridge or Denture Repair, Rebase or Reline of Dentures, Re-cement of Crowns, Inlays and Onlays |
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**ORTHODONTICS**

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| <ul style="list-style-type: none"> <li>• <b>50%</b></li> </ul> | Complete Orthodontic Exam (including necessary x-rays)<br>Active Orthodontic Treatment. Orthodontic benefits provided for children under age 19 |
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Dependent Children covered to the end of year in which the child attains age 19  
 Full-time Students covered to the end of the month in which the child attains age 24

The Open Enrollment period is normally October-November of every year. At this time employees will have the opportunity to switch between plans. Dependents under age five are covered under the dental plan at no premium cost to the employee. During the month a dependent reaches age five, the child must be added to the employee(s) dental coverage (even if already at family) and pay premium in order to continue coverage.

This is just a brief description of the dental plan designed for the State of Colorado.

**IMPORTANT: YOU WILL PAY ADDITIONAL OUT OF POCKET EXPENSES WHEN YOU SEE A NON-DPO DENTIST!**

**MAXIMUM ALLOWABLE FEE IS BASED ON A PRE-ARRANGED DISCOUNTED FEE SCHEDULE.**